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| | OF THE CATE | OF FACSIN | IILE TRANSMISSION | UNDER 37 | C.F.R. §1.8 | <u> </u> | | 1 1- | RINKS | |
|---|---|--|------------------------------------|--|--------------------------|-------------|--------------|----------------------|---------------|---|
| CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. §1.8 I hereby certify that this correspondence, totaling 2 pages including recited attachments, is being facsimile transmitted to the United States Patent and Trademark Office at facsimile no.: 571-273-8300 (Central number)) on the below date: | | | | | | | | \ I | OFER ILSON | |
| Date: _MRC | | Joseph W. Fla | | | 11 0 | | _ | ା ≅ | LIONE | |
| | IN THE | UNITER | STATES PAU | ENT AND | TRADE | MARK O | FFI | CE '_ | | , |
| In re Appin. of: Henley Quadling et al. | | | | | | | | | | |
| Appln. | | 10/749,579 | | | Examiner: Art Unit: 3732 | | | | | |
| Filed: | Dece | December 30, 2003 | | | | AR Unit | ; 3 | 132 | | |
| For: | LASE DEN | LASER DIGITIZER SYSTEM FOR DENTAL APPLICATIONS | | | | | | | | |
| Attorne | Attorney Docket No: 12075/20 | | | | | | | | | |
| Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450 TRANSMITTAL | | | | | | | AL. | | | |
| Fee cal | Return Receipt Pos culation: No additional fee is Small Entity. An extension fee in A petition or proces | stcard required. an amour | on To Act in A Repo | month under 37 | extension | of time un | der 3 _). | 7 C.F.R. | § 1.136(a). | |
| | An additional filing fee has been calculated as shown below: Small E | | I Entity | Not a Small Entity | | mall Entity | | | | |
| | Claims Remaining | 9 | Highest No. Previously Paid For | Present Extra | Rate | Add'i Fee | or | Rate | Add'l Fee | |
| Total | | Minus | | | x \$25= | | - | x \$50= | | |
| Indep. | <u> </u> | Minus | | | x 100= +\$180= | | | x \$200= + \$360= | | |
| First Pr | esentation of Multiple | Dep, Clairr | ···· | <u> </u> | Total | S | † | Total | \$ | |
| Fee payment: A check in the amount of \$ is enclosed. Please charge Deposit Account No. 23-1925 in the amount of \$ A copy of this Transmittal is enclosed for this purpose. Payment by credit card in the amount of \$ (Form PTO-2038 is attached). The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filled), or to credit any overpayment, to Deposit Account No. 23-1925. Respectfully submitted, Joseph W. Flerlage (Reg. No. 25,897) | | | | | | | | | | |
| Date | | | • | Josep | пуу, Мел | aga (ceg. I | 140. 4 | ,031) | | |

PAGE 02/02

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AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

| In re Application of: | |
|--|---|
| Henley Quadling et al. | |
| Application No. | |
| 10/749,579 | |
| Filed: | |
| December 30, 2003 | |
| Title: | |
| LASER DIGITIZER SYSTEM FOR DENTAL | APPLICATIONS |
| Attorney Docket No. | Art Unit: 3732 |
| concerned. Furthermore, the practition application pursuant to 37 CFR 1.34: | rized to conduct interviews and has the authority to bind the principal er is authorized to file correspondence in the above-identified Registration Number |
| - Ivanie | |
| David H. Jud | 30,467 |
| | |
| does not have authority to sign a request to abandonment, a disclaimer, a power of attor | -named practitioner. Accordingly, the practitioner named above change the correspondence address, a request for an express ney, or other document requiring the signature of the applicant, of record. If appropriate, a separate Power of Attorney to the above-ited in the United States Patent and Trademark Office. |
| SIGNA | TURE of Practitioner of Record |
| Signature the | Date March 21,2006 |
| Name Joseph W. Flerlage | Registration No., if applicable 52,897 |
| Telephone 312-321-4810 | |